

DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF EPIDEMIOLOGY  
COMMUNICABLE AND RELATED DISEASES  
EMERGENCY RULE

Filed with the Secretary of State on  
This rule takes effect upon filing with the Secretary of State.

(By authority conferred on the department of community health by sections 5111 and 9227 of 1978 PA 368, MCL 333.5111, 333.9227 and Executive Reorganization Order No. 1996-1, MCL 330.3101 and section 48 of 1969 PA 306, MCL 24.248)

FINDING OF EMERGENCY

The director of the Michigan Department of Community Health finds that the preservation of the public health, safety and welfare requires processing this emergency rule without following the notice and participation procedures required by sections 41 and 42 of the 1969 PA 306, MCL 24.241 and 24.242 of the Michigan Compiled Laws and section 48 of 1969 PA 306, MCL 24.248.

Currently, the Public Health Code, MCL 333.5111, requires that the Department designate and classify communicable, serious communicable, chronic, other noncommunicable diseases, infections, and disabilities through rulemaking. The Department is also authorized to establish requirements for the reporting of diseases and infections through rulemaking.

The Department promulgated rules designating and classifying 18 serious communicable diseases, 18 serious infections, 50 communicable diseases, and 23 infections, establishing reporting requirements for physicians and laboratories depending on the designation. R 325.172 - R 325.173. This list was last updated in 1999. It does not include diseases and infections that are of current concern such as SARS, avian flu, orthopox virus (smallpox and monkeypox), Staphylococcus aureus disease that is vancomycin resistant or intermediate, Arboviral disease (including West Nile Virus, Eastern Equine Encephalitis, St. Louis Encephalitis, California group virus [LaCross Encephalitis]) spongiform encephalopathies (includes Creutzfeldt -Jakob disease), and invasive Streptococcus pneumoniae disease. The rules contain a "catch-all" requiring that physicians and laboratories report within 24 hours "the unusual occurrence of any disease, infection, or condition that threatens the health of the public." However, this provision relies on the physician or laboratory to determine when reporting is required, potentially compromising the public health, safety and welfare.

The diseases that the Department is requesting to have added to the list have already had significant impact on the individual and collective public health of Michigan. Recall, in 2002, the explosion of West Nile Virus in the state, with over 600 reported cases, including more than 50 of them fatal. In 2003 epidemiologists investigated over 100 suspect cases of

November 4, 2004

SARS in people in Michigan. Fortunately, other etiologies were determined for these suspect cases. Similarly in 2003, dozens of individuals, and animals, needed to be evaluated on the likelihood of infection with monkeypox, a close relative of the highly contagious and fatal smallpox virus. It is crucial that physicians and laboratories report evidence of these alarming and contagious infections to public health authorities, to enable these health officials to initiate prevention and control activities promptly.

Biological pathogens that cause disease can lead to public health catastrophe if proper authorities and health officials are not notified of their existence in an individual in a timely manner. In today's world of globalization, there is a compelling need to be prepared for diseases that are highly infectious, transmit rapidly or demonstrate high morbidity or mortality. These diseases, most of which have already occurred in Michigan, need to be added to the list of conditions required to be reported, by issuing an emergency rule. This will aid in the state's preparedness efforts.

Simultaneous with issuing an emergency rule, the Department will begin a process to update these rules permanently through the normal rulemaking process.

R 325.172 and R 325.173 are amended as follows:

R 325.172 Designation and classification of diseases and infections.

Rule 2. (1) All of the following conditions are designated as serious communicable diseases:

- (a) Acquired immunodeficiency syndrome (AIDS).
- (b) Anthrax.
- (c) Avian influenza.
- (d) Botulism.
- (e) Cholera.
- (f) Diphtheria.
- (g) Haemophilus influenzae disease, meningitis, or epiglottitis.
- (h) Hepatitis B infection in a pregnant woman.
- (i) Human immunodeficiency virus (HIV).
- (j) Measles (Rubeola).
- (k) Meningococcal disease, meningitis, or meningococemia.
- (l) Orthopox virus (includes smallpox, monkeypox).
- (m) Pertussis.
- (n) Plague.
- (o) Poliomyelitis, paralytic.
- (p) Rabies, human.
- (q) Severe acute respiratory syndrome (SARS).
- (r) Staphylococcus aureus disease, vancomycin intermediate/resistant (from any site)
- (s) Tuberculosis.
- (t) Venereal disease.
- (u) Viral hemorrhagic fevers, such as Lassa fever and Congo Crimean hemorrhagic fever.
- (v) Yellow fever.

(w) The unusual occurrence, outbreak, or epidemic of any condition, including nosocomial infections.

(2) All of the following are designated as serious infections if a laboratory confirms their presence in an individual:

- (a) *Bacillus anthracis*.
- (b) *Bordetella pertussis*.
- (c) *Calymmatobacterium granulomatis*.
- (d) *Clostridium botulinum*.
- (e) *Corynebacterium diphtheriae*.
- (f) *Haemophilus ducreyi*.
- (g) *Haemophilus influenzae* type b.
- (h) Hemorrhagic fever viruses.
- (i) Hepatitis B surface antigen.
- (j) Measles (Rubeola) virus.
- (k) *Mycobacterium tuberculosis*.
- (l) *Neisseria gonorrhoeae*.
- (m) *Neisseria meningitis*.
- (n) Poliovirus.
- (o) Rabies virus.
- (p) *Staphylococcus aureus* disease, vancomycin intermediate/resistant (from any site).
- (q) *Treponema pallidum*.
- (r) *Vibrio cholera* serovar 01.
- (s) Yellow fever virus.
- (t) *Yersinia pestis*.
- (u) The unusual occurrence, outbreak, or epidemic of any infection.

(3) All of the following conditions are designated as communicable diseases:

- (a) Amebiasis.
- (b) Aseptic (viral) meningitis.
- (c) Arboviral disease (includes West Nile virus, Eastern equine encephalitis, St. Louis encephalitis, California-group (Lacrosse encephalitis)).
- (d) Blastomycosis.
- (e) Brucellosis.
- (f) *Campylobacter enteritis*.
- (g) Chickenpox.
- (h) Chlamydial disease, genital.
- (i) Coccidioidomycosis.
- (j) Cryptococcosis.
- (k) Cryptosporidiosis.
- (l) Cyclosporiasis.
- (m) Dengue fever.
- (n) Ehrlichiosis.
- (o) Encephalitis, viral.
- (p) Giardiasis.
- (q) Hantavirus pulmonary syndrome.
- (r) Hemolytic-uremic syndrome (HUS).
- (s) Hepatitis A.

- (t) Hepatitis B.
- (u) Hepatitis C.
- (v) Hepatitis, delta.
- (w) Hepatitis, non-A non-B.
- (x) Hepatitis, viral, unspecified.
- (y) Histoplasmosis.
- (z) Influenza.
- (aa) Legionellosis.
- (bb) Leprosy.
- (cc) Leptospirosis.
- (dd) Listeriosis.
- (ee) Lyme disease.
- (ff) Malaria.
- (gg) Meningitis, other bacterial.
- (hh) Mumps.
- (ii) Psittacosis.
- (jj) Q fever.
- (kk) Rocky Mountain spotted fever.
- (ll) Rubella.
- (mm) Rubella syndrome, congenital.
- (nn) Salmonellosis.
- (oo) Shiga toxin producing *Escherichia coli* associated disease, such as *Escherichia coli* 0157:H7.
- (pp) Shigellosis.
- (qq) Spongiform encephalopathy (includes Creutzfeldt-Jakob disease).
- (rr) Staphylococcal disease, first 28 days postpartum, mother or child.
- (ss) Streptococcal disease, invasive, group A.
- (tt) *Streptococcus pneumoniae* disease, invasive (normally sterile sites).
- (uu) Tetanus.
- (vv) Trachoma.
- (ww) Trichinosis.
- (xx) Tularemia.
- (yy) Typhoid fever.
- (zz) Typhus.
- (aaa) *Yersinia enterocolitica*.
- (4) All of the following are designated infections if laboratory evidence confirms their presence in an individual:
  - (a) Arboviruses.
  - (b) *Borrelia burgdorferi*.
  - (c) *Brucella* species.
  - (d) *Campylobacter jejuni*.
  - (e) *Chlamydia* species.
  - (f) *Cryptosporidium* species.
  - (g) *Cyclospora* species.
  - (h) *Entamoeba histolytica*.
  - (i) *Francisella tularensis*.

- (j) *Giardia lamblia*.
- (k) Hantavirus.
- (l) Hepatitis A infection.
- (m) Influenza virus.
- (n) *Legionella* species.
- (o) *Listeria monocytogenes*.
- (p) Mumps virus.
- (q) *Plasmodium* species.
- (r) Rubella virus.
- (s) *Salmonella* species.
- (t) Shiga toxin producing *Escherichia coli*, such as *Escherichia coli* 0157:H7.
- (u) *Shigella* species.
- (v) *Streptococcus pneumoniae* disease, invasive (normally sterile sites).
- (w) *Trichinella spiralis*.
- (x) *Yersinia enterocolitica*.
- (5) All of the following conditions are designated as non communicable diseases:
  - (a) Guillain-Barre syndrome.
  - (b) Kawasaki disease.
  - (c) Reye's syndrome.
  - (d) Rheumatic fever.
  - (e) Toxic shock syndrome.

R 325.173 Reporting and surveillance requirements.

Rule 3. (1) A physician shall report each case of a serious communicable disease specified in R 325.172, except for human immunodeficiency virus infection, within 24 hours of its diagnosis or discovery, to the appropriate local health department.

(2) A physician shall report the unusual occurrence of any disease, infection, or condition that threatens the health of the public, within 24 hours of diagnosis or discovery, to the appropriate local health department.

(3) A physician shall report any of the following diseases, within 3 days of diagnosis or discovery, to the appropriate local health department:

- (a) Communicable diseases specified in R 325.172.
- (b) Noncommunicable diseases specified in R 325.172.

(4) A physician is authorized to report any disease, infection, or condition that is not included in subrule (1), (2), or (3) of this rule to the appropriate local health department according to the physician's medical judgment.

(5) A clinical laboratory shall report, within 24 hours of discovery, all of the following to the appropriate local health department:

- (a) Laboratory evidence of any serious infection specified in R 325.172.
- (b) Laboratory evidence of any other disease, infection, or condition that is judged by the laboratory director to indicate that the health of the public is threatened.
- (c) A laboratory in this state that receives or processes specimens to be tested for the listed agents shall report a result confirming presence of a listed agent, even if the testing is not done on-site, i.e., the specimen is shipped to a reference laboratory for testing.

(6) A clinical laboratory shall report laboratory evidence of any infections specified in R 325.172, within 3 days of discovery, to the appropriate local health department.

(7) When a physician or clinical laboratory suspects the presence of a designated condition, but does not have sufficient information to confirm its presence, the physician or laboratory shall report the designated condition as suspect to the appropriate local health department. Upon confirmation of the designated condition, a physician or laboratory shall report the condition as confirmed to the appropriate local health department.

(8) A health facility infection control committee shall develop policies and procedures to ensure the appropriate reporting of designated conditions by physicians who treat individuals at that facility and by clinical laboratories at that facility.

(9) All of the following individuals are authorized to report to the appropriate local health department any designated condition or any other disease, infection, or condition which comes to their professional attention and which poses a threat to the health of the public, except for HIV infection:

(a) An administrator, epidemiologist, or infection control practitioner from a health care facility or other institution.

(b) A dentist.

(c) A nurse.

(d) A pharmacist.

(e) A physician's assistant.

(f) A veterinarian.

(g) Any other health care professional.

(10) Within 24 hours of suspecting any of the following, a primary or secondary school, child daycare center, or camp shall report both of the following to the appropriate local health department:

(a) The occurrence among those in attendance of any of the serious communicable diseases specified in R 325.172.

(b) The unusual occurrence, outbreak, or epidemic among those in attendance of any disease, infection, or condition.

(11) Within 7 days of discovery, a primary or secondary school, child daycare center, or camp shall report, to the appropriate local health department, the suspected occurrence among its attendees of any of the communicable diseases specified in R 325.172.

(12) A report shall be directed to the appropriate local health department. A report may be written, oral, or transmitted by electronic media. A report shall be transmitted in a manner prescribed or approved by the appropriate local health department.

(13) Except as provided in subrules (14) and (15) of this rule, a required report by a physician shall contain all of the following information:

(a) The patient's full name.

(b) The patient's residential address, including street, city, village or township, county, and zip code.

(c) The patient's telephone number.

(d) The patient's date of birth, age, sex, race, and ethnic origin.

(e) The name of the disease, infection, or condition reported.

(f) The estimated date of the onset of the disease, infection, or condition, where applicable.

(g) The identity of the reporting person.

(h) Pertinent laboratory results.

(i) Any other information deemed by the physician to be related to the health of the public.

(14) Acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, tuberculosis, and venereal disease shall be reported by completing forms provided by the department.

(15) Chickenpox and viral influenza need only be reported by the number of cases identified during a specified time period.

(16) A required report by a clinical laboratory shall contain all of the following information:

(a) The patient's full name.

(b) The patient's residential address, including street, city, village or township, county, and zip code.

(c) The patient's telephone number.

(d) The patient's date of birth or age.

(e) The patient's sex.

(f) The specific laboratory test, date performed, and the results.

(g) The name and address of the reporting clinical laboratory.

(h) The name, address, and telephone number of the ordering person.

(17) To the extent that the information is readily available, a report of an unusual occurrence, outbreak, or epidemic of a disease, infection, or other condition shall include all of the following information:

(a) The nature of the confirmed or suspected disease, infection, or condition.

(b) The approximate number of cases.

(c) The approximate illness onset dates.

(d) The location of the outbreak.

(18) Within 24 hours of receiving a report, a local health department shall communicate the report of an individual who has a serious communicable disease specified in R 325.172 or a serious infection specified in R 325.172 to another Michigan jurisdiction if the individual resides in that other jurisdiction.

(19) Within 3 days of receiving a report, a local health department shall communicate the report of an individual who has any of the following to another Michigan jurisdiction if the individual resides in that other jurisdiction:


(a) A communicable disease specified in R 325.172.

(b) An infection specified in R 325.172.

(c) A noncommunicable disease specified in R 325.172.

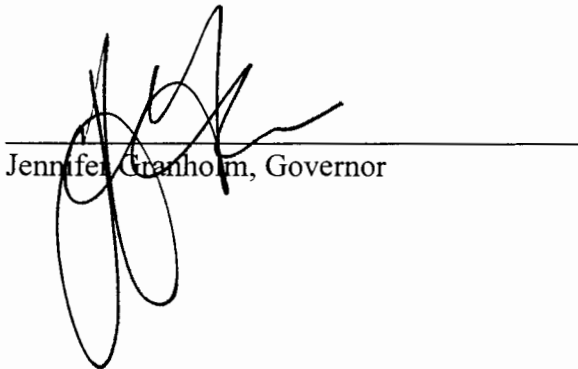
(20) Within 7 days of receiving a report that concerns an individual who resides outside of Michigan, a local health department shall forward the report to the department.

(21) Reports of designated conditions acquired by residents of a local health department's jurisdiction shall be recorded by the local health officer and shall be forwarded, within 7 days of receipt, to the department in a format specified by the department.

  
Janet Olszewski, Director  
Michigan Department of Community Health

November 5, 2004  
Date

Pursuant to Section 48(1) of 1969 PA 306, MCL 24.248, I hereby concur in the finding of the Michigan Department of Community Health, that circumstances have created an emergency and the public interest requires the emergency promulgation of the above rule pertaining to Communicable and Related Diseases.

  
Jennifer Granholm, Governor

11/29/04  
Date

FILED WITH SECRETARY OF STATE

ON 12.1.04 AT 9:50AM